Why Screen For Chlamydia?

An Implementation Guide for Healthcare Providers

Reduces pelvic inflammatory disease (PID)

Reduces infertility, ectopic pregnancy, and chronic pelvic pain

Prevents complications in newborns

Why Screen for Chlamydia? An Implementation Guide for Healthcare Providers **was developed with assistance from the National Chlamydia Coalition:**

Advocates for Youth

Aetna

American College Health Association

American College of Obstetricians and Gynecologists

American Medical Association

American Social Health Association

Association of Reproductive Health Professionals

California Chlamydia Action Coalition

Centers for Disease Control and Prevention, Division of Sexually Transmitted Disease Prevention

Community Oriented Correctional Health Services

Girls Inc.

Harlem Health Promotion Center and Project STAY

Health Resources and Services Administration

Kaiser Permanente, Mid-Atlantic Permanente Medical Group

National Alliance for Hispanic Health

National Assembly on School-based Healthcare

National Association of Community Health Centers

National Association of County and City Health Officials

National Association of Nurse Practitioners in Women's Health

National Black Women's Health Imperative

National Coalition of STD Directors

National Family Planning and Reproductive Health Association

National Infertility Prevention Program

National Latina Health Network

National Medical Association

National Network for STD/HIV Prevention Training Centers

National Partnership for Women and Families

U.S. Department of Health and Human Services, Office of Population Affairs, Office of Family Planning

Partnership for Prevention

Planned Parenthood Federation of America

Project Red Talon, Northwest Portland Area Indian Health Board

Title X Family Planning Training Centers

Sexuality Information and Education Council of the United States

Sister Song

Society for Adolescent Medicine

Suggested Citation: Maloney, Susan K and Johnson, Christianne. *Why Screen for Chlamydia? An Implementation Guide for Healthcare Providers.* Partnership for Prevention, Washington DC. 2008.
Design by Tim Kenney Marketing
Illustration by Stanford Kay

Why Screen for Chlamydia? An Implementation Guide for Healthcare Providers was supported by Award U58/CCU325136-01 from the Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of CDC.

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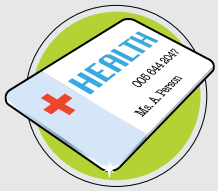
CHLAMYDIA RATES

Chlamydia is extremely common, with higher rates in certain populations and locations. Rates of chlamydia in a few selected settings include:

- 14.0 percent among females in managed care plans[1]

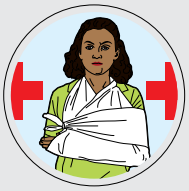


- 2.8 to 14.5 percent of female patients in family planning clinics[2]

- 9.5 percent among female Army recruits[3]

- 9.7 percent among freshman college students[4]

- 9.7 to 14.3 percent among general Emergency Department patients[5,6]



- 6.9 percent among homeless youth[7]

Contents

Links to the resources in this guide can be found on the Web at www.prevent.org/ChlamydiaScreening

The Case for Chlamydia Screening

FOR MORE INFORMATION ON SCREENING:

U.S. Preventive Services Task Force, *Screening for Chlamydial Infection,* June 2007, www.prevent.org/ChlamydiaScreening, Resource 1

This Web site includes the screening recommendations, an evidence summary, and supporting documents from the U.S. Preventive Services Task Force. The Recommendation Statement includes information on the screening recommendations from other medical professional groups as do their Web sites.

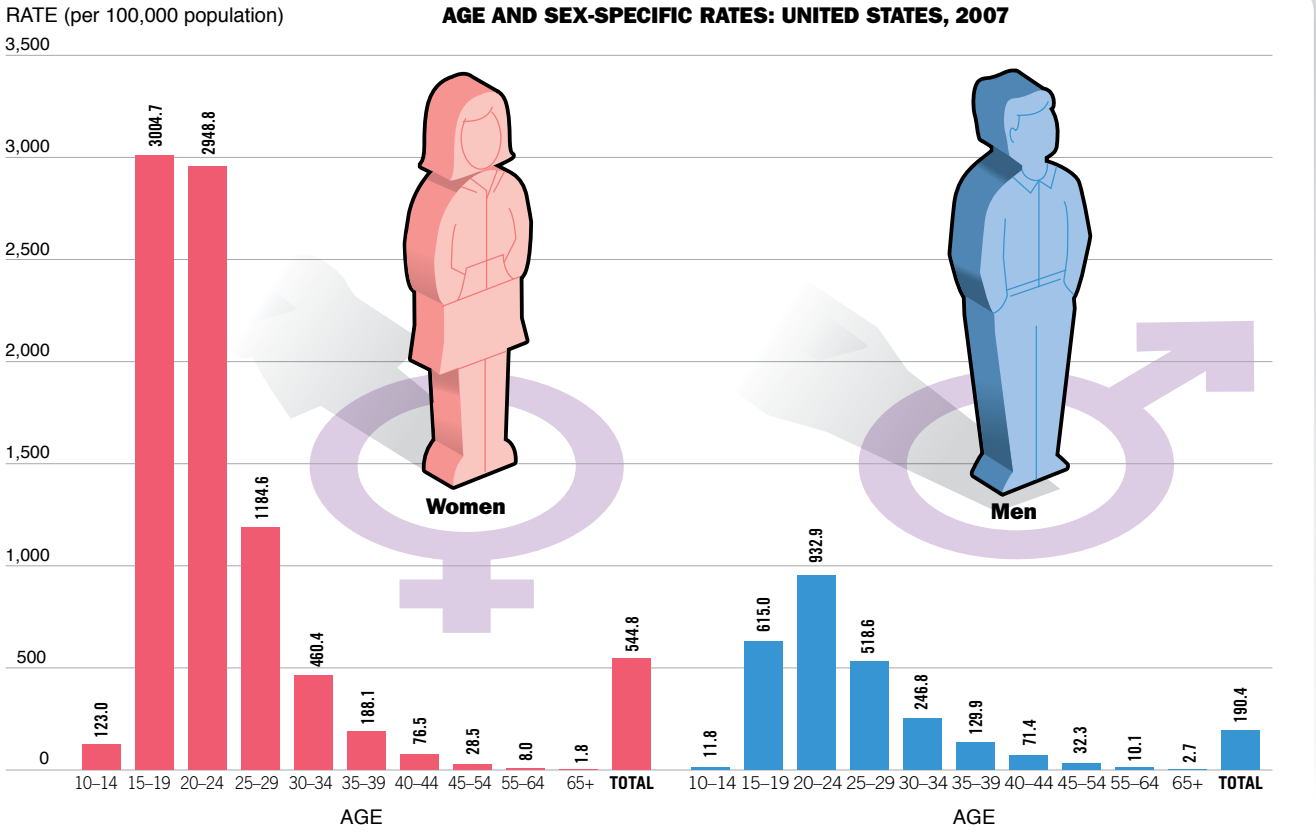
Why Screen for Chlamydia? provides the latest information and tools for healthcare providers to:

- improve delivery of chlamydia screening to patients
- make chlamydia screening and care a routine part of a medical practice
- provide confidential care to adolescents
- take a sexual history with adolescent and adult patients

REASONS TO SCREEN YOUNG FEMALES FOR CHLAMYDIA

- Chlamydia is extremely common. It is the leading preventable cause of infertility in the U.S. As shown in Figure 1 (below), chlamydia infection rates are highest among sexually active young females 15 to 19 years of age and those in their early 20s.
- In females, about 70 percent of cases are asymptomatic.
- Nucleic Acid Amplified Tests (NAATs) using urine specimens make it possible to screen females and males without an invasive procedure.
- Chlamydia infections are readily treated with antibiotics.
- Chlamydia infection, as with other inflammatory STDs, facilitates transmission of HIV in both males and females.[8]
- The National Commission on Prevention Priorities ranks chlamydia screening as one of the ten high value clinical preventive services.[9]
- Data from a randomized controlled trial of chlamydia screening in a managed care plan suggest that screening could lead to a 60 percent reduction in the incidence of pelvic inflammatory disease.[10]
- Screening and early treatment prevent costly complications. The cost of treating a case of pelvic inflammatory disease is conservatively estimated at $1334.[11]

1 Rates of Chlamydia Infection



Source: Centers for Disease Control and Prevention. Sexually Transmitted Disease Surveillance, 2007. Atlanta, GA: U.S. Department of Health and Human Services; December 2008.

CHLAMYDIA SCREENING RECOMMENDATIONS

Females 25 years of age and younger. Screen all sexually active females 25 years of age and younger for chlamydia infection annually. This recommendation is supported by:

- American Academy of Family Physicians (AAFP)
- American Academy of Pediatrics (AAP)
- American College of Preventive Medicine (ACPM)
- American College of Obstetricians and Gynecologists (ACOG)
- American Medical Association (AMA)
- Centers for Disease Control and Prevention (CDC)
- U.S. Preventive Services Task Force (USPSTF)

Females over 25 years of age. Sexually active females older than 25 years of age who have a greater risk of infection due to the following risk factors should also be screened: a history of a sexually transmitted infection, new or more than one sexual partner, African American race, cervical ectopy, or inconsistent use of barrier contraceptives.

Pregnant females. Screen pregnant females for chlamydia at their first prenatal care visit. Pregnant females 25 years of age and younger or with new, or more than one sexual partner, may be tested again in the third trimester according to recommendations from ACOG.

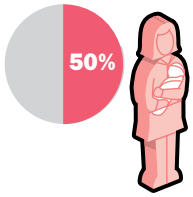
Lesbians. Lesbians should be screened according to the recommendations for females of their age and risk factor status.

Males. CDC recommends annual screening for men who have sex with men. CDC also recommends screening all males whose partners have chlamydia, those who attend STD clinics or clinics in communities where prevalence rates are high. Males younger than 30 years of age who are in the military and those in jail should be screened; as should males in juvenile justice facilities or Job Corps.[12]

CHLAMYDIA SEQUELAE

Chlamydia is the most common sexually transmitted bacterial infection in the U.S. As shown in Figure 2, up to 40 percent of chlamydia infections in females progress to pelvic inflammatory disease which, untreated, can result in infertility, chronic pelvic pain, or ectopic pregnancy. Chlamydia is also associated with pregnancy complications.

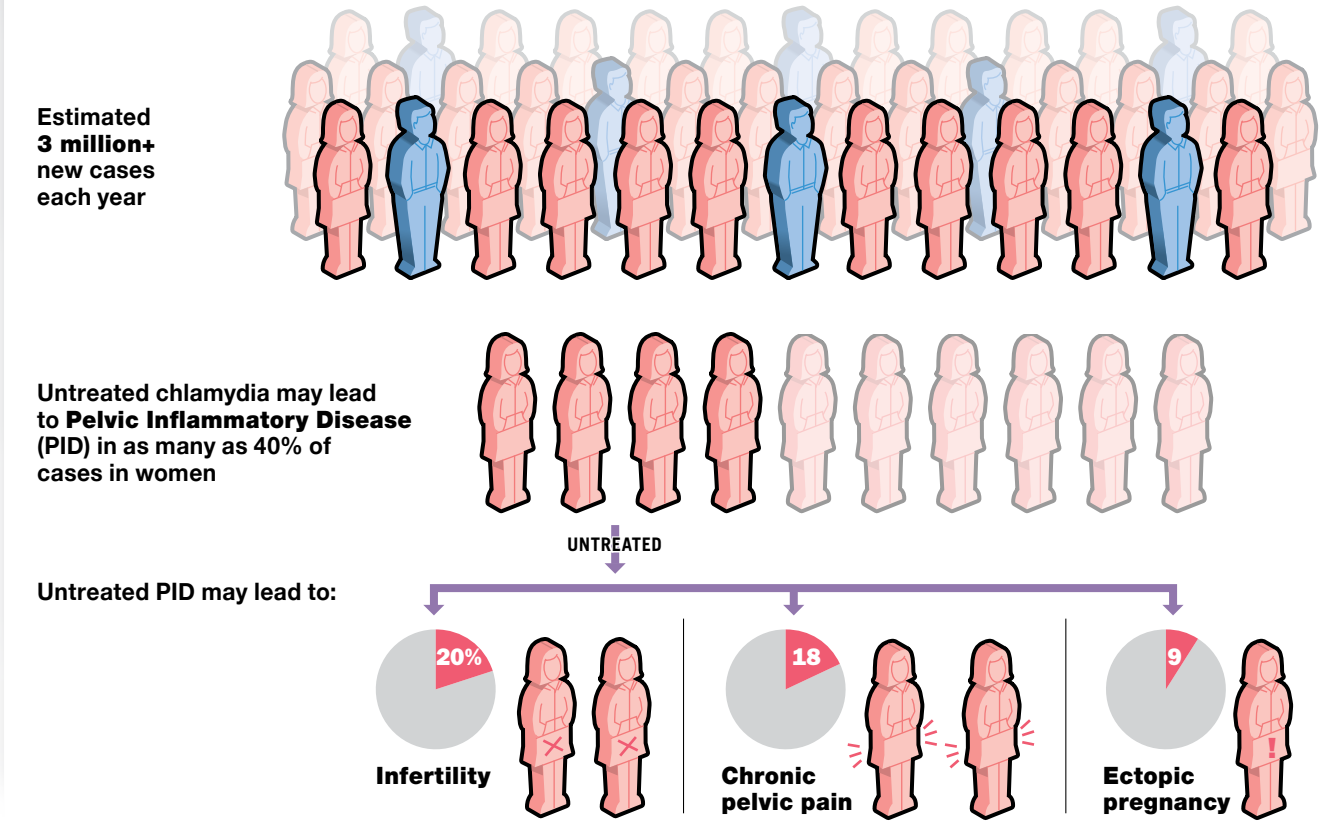
Perinatal Complications



50% of pregnant women with untreated chlamydia transmit the infection to their infants

Complications for infants may include neonatal conjunctivitis and pneumonia.

2 Sequelae Of Untreated Chlamydia



Sources: Miller WC, et al. Prevalence of chlamydial and gonococcal infections among young adults in the United States. JAMA. 2004;291:2229-36. And, Silins I, et al. Chlamydia trachomatis infection and persistence of human papillomavirus. Int J Cancer. 2005;116:110-5.

FOR MORE INFORMATION ON DIAGNOSTIC TESTS:

Centers for Disease Control and Prevention, Sexually Transmitted Disease Treatment Guidelines 2006,

www.prevent.org/ChlamydiaScreening, Resource 2
This Web site includes the current guidelines for the treatment and clinical management of chlamydia and other sexually transmitted diseases. Web-based, print, and PDA versions are available; and updates are routinely posted on the Web site.

Screening and Diagnostic Tests for Chlamydia

In females, chlamydia infection can be identified by testing urine or vaginal or cervical swab specimens. Complete and up-to-date information is available at the CDC Web site (left).

When deciding among tests, consider the following:

- NAATs (Nucleic Acid Amplified Tests) are the most sensitive for chlamydia. Urine testing is convenient and appropriate, especially in settings where pelvic exams are not routinely conducted. If a pelvic examination is indicated, an endocervical specimen can be obtained.
- NAATs are FDA – cleared for dual chlamydia and gonorrhea testing.
- Nonamplified nucleic acid hybridization tests (DNA-probe), enzyme immunoassays (EIA) and direct fluourescent antibody tests (DFA) are suggested when NAATs are not available.
- Detailed information on screening tests and procedures for handling specimens are available from local laboratories.
- It is important to note that NAATs are most sensitive when used with the first 20 to 40 ml of the urine stream, not a mid-stream urine sample. **NAATs do NOT require a first morning void.**

SIGNS AND SYMPTOMS

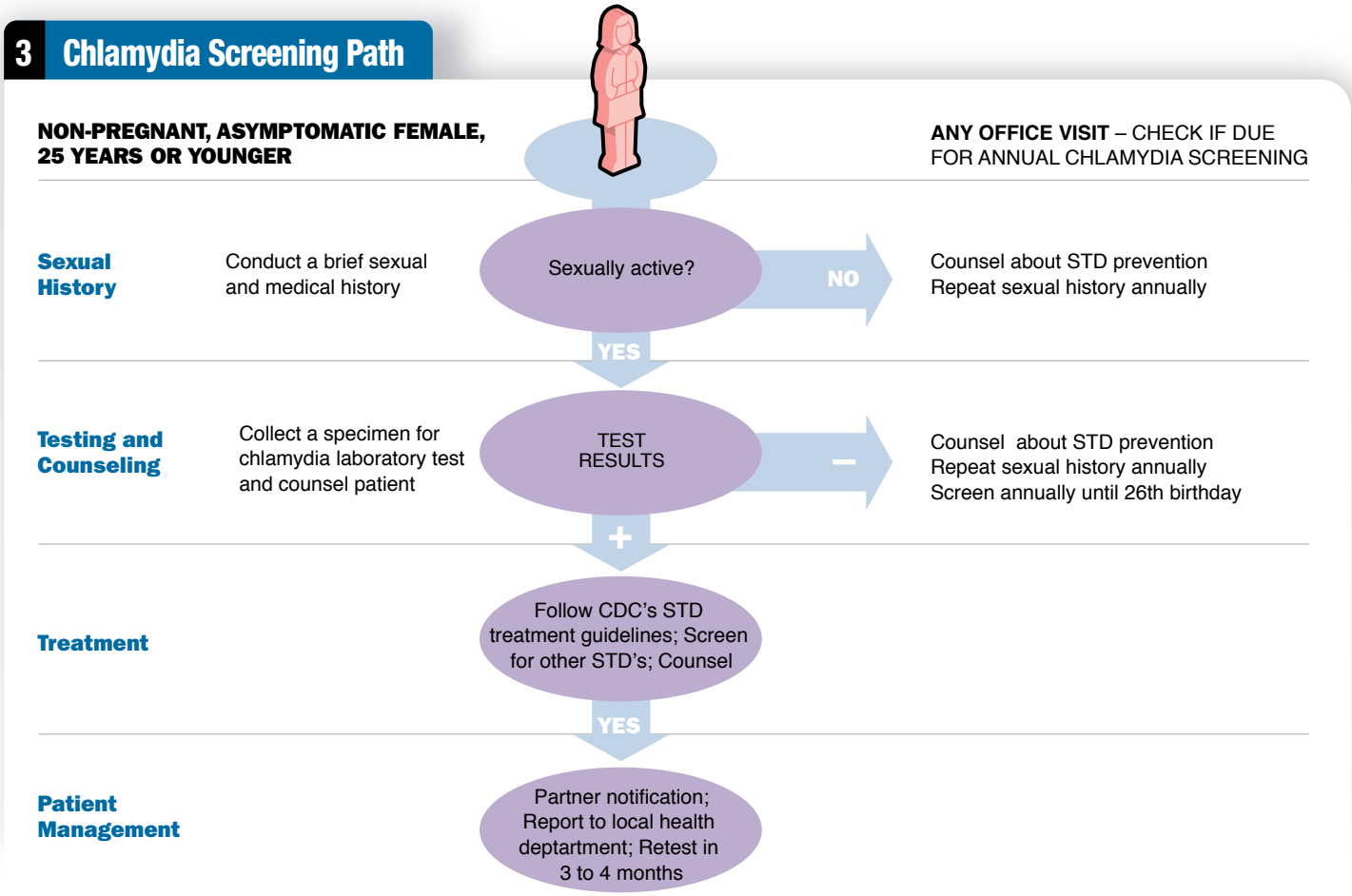
Signs and symptoms that should prompt diagnostic chlamydia testing include:

- Abnormal vaginal discharge
- Vaginitis
- Cervicitis
- Dysuria
- Post coital bleeding
- Intermenstrual bleeding
- Painful intercourse
- PID symptoms, such as abdominal pain

ESTABLISH WAYS TO COMMUNICATE TEST RESULTS

Medical practices should establish a systematic way to confidentially communicate test results to patients. Some offices have the patient fill out a form with contact information at check-in. Another option is to have the patient call the office

3 Chlamydia Screening Path



Source: Care path adapted from California Chlamydia Action Coalition

at a designated time when a staff member can retrieve and follow-up on test results. Especially with adolescent patients, it is important to ask for cell phone numbers as well as the best times to call. Large practices may contract with companies that offer automated call-in services for patients to obtain test results. A sample form to establish the best ways to communicate test results to patients is available at **www.prevent.org/ChlamydiaScreening, Resource 3**.

PARTNER NOTIFICATION

Sexual partners who had sexual contact with the patient in the preceding 60 days should be notified to seek healthcare for testing and treatment. Partners can be notified by the patient or the treating physician. Most health departments no longer have resources for routine partner notification. Expedited partner therapy (EPT) may be an alternative in some locations.

Be sure to inform your patient that if her partner/s is not treated, she may be infected again. Explain that an untreated infection can spread to others and may cause health complications. Ask the patient:

"How would you like to let your partner/s know that he/she needs to be tested for chlamydia?"

"Would you like to do this yourself or would you like me or someone else from this office to help?"

"You may feel embarrassed or angry. If you do, let's talk about those feelings."

If the patient chooses to notify her partner/s, help make it easier by reminding her of key points:

"You have been exposed to chlamydia and are at risk for an infection."

"You need to seek medical care as soon as possible to be tested and treated."

"You need to avoid all sexual contact until 7 days after you and your partner/s begin treatment."

Partner notification can be done in-person or by phone, email, or letter. Inspot.org, which can be found at **www.prevent.org/ChlamydiaScreening**, **Resource 4**, offers e-cards to notify sexual partners. A sample letter to offer patients can be found at **www.prevent.org/ChlamydiaScreening, Resource 5**. Additional notification tips are located at **www.prevent.org/ChlamydiaScreening**, **Resource 6** and guidelines for internet-based partner notification at **www.prevent.org/ChlamydiaScreening**, **Resource 7**.

EXPEDITED PARTNER THERAPY (EPT)

In some states it is legal for a diagnosed patient to deliver medications or a prescription directly to sexual partners without the partner being clinically assessed. EPT may be especially beneficial in situations in which the patient is doubtful a partner will seek medical care. Up-to-date, detailed information about the legal status of EPT in each state can be found at **www.prevent.org/ChlamydiaScreening**, **Resource 8**.

Coding for Screening and Counseling

While some health plans do not cover office visits associated only with "V" diagnostic codes, chlamydia testing may be indicated for symptoms such as dysmenorrhea or irregular menses or for general clinical findings, such as vaginal discharge, pyuria, urinary complaints or vulvitis. The associated ICD-9 codes for symptoms or general clinical findings may be used. Coding for symptoms and general clinic findings rather than specific STD diagnoses, such as trichomonas chlamydia will also minimize confidential information included in the Explanation of Benefits.

In some health plans, counseling patients to prevent STDs is a covered benefit. Physician-patient counseling services may be coded: 99401-99404, Preventive Medicine Counseling/Risk Factor Reduction, individual (durations of 15 to 60 minutes) for individual preventive medicine counseling and/or risk factor reduction that occurs during a separate encounter in patients without established symptoms or illness.

A Purchaser's Guide to Clinical Preventive Services: Moving Science to Coverage includes suggested CPT codes for counseling to prevent and screen for chlamydia and other STDs. *The Purchaser's Guide* can be accessed on-line from the National Business Group on Health at **www.prevent.org/ChlamydiaScreening, Resource 9**.

The Society for Adolescent Medicine offers several useful resources. One is a fact sheet that features vignettes which includes coding and diagnostic categories along with considerations of how the information will be transmitted to a healthcare subscriber on an explanation of benefits. Another is a comprehensive listing of billing codes commonly used in reproductive health, *Coding for Adolescent Reproductive Health Services*. These and other resources are located at: **www.prevent.org/ChlamydiaScreening, Resource 10**.

Up-to-date information on CPT Codes is available from the American Medical Association at **www.prevent.org/ChlamydiaScreening, Resource 11**.

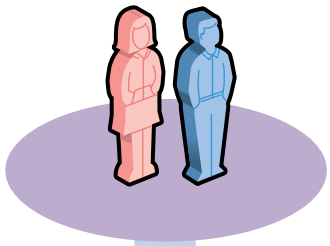
Chlamydia Treatment Recommendations

Once a patient is diagnosed with chlamydia, treating the infection is usually a simple process. Recommended regimens are outlined below. More complete information on the clinical management of chlamydia is available from CDC.

All patients who test positive for chlamydia infection should be instructed to refrain from sexual intercourse for seven days after treatment begins. They should also be instructed to refrain from sexual intercourse before, and for seven days after, their partner/s begin treatment. This will prevent the patient from infecting sexual partners and will protect against reinfection. Treating pregnant females usually prevents transmission of chlamydia to infants during birth.

4 Diagnosis and Treatment Path

UNCOMPLICATED SYMPTOMATIC, NON-PREGNANT FEMALE OR MALE



Patient Presents with Symptoms

YES

Sexual History and Exam

Conduct a brief sexual and medical history; Conduct genital/pelvic exam; Stat labs and Chlamydia test as indicated

+

Test Results and Counseling

If negative, repeat sexual history; Screen annually until 26th birthday

+

Treatment

Follow CDC's STD treatment guidelines

YES

Patient Management

Partner notification; Report to local health department; Retest in 3 to 4 months

Source: Care path adapted from California Chlamydia Action Coalition

RECOMMENDED REGIMENS FOR NON-PREGNANT PATIENTS

Azithromycin 1 g orally in a single dose
— OR —
Doxycycline 100 mg orally twice a day for 7 days

The single dose of azithromycin, while more expensive than doxycycline, may be more appropriate for patients unlikely to comply with a 7-day course of antibiotics.

RECOMMENDED REGIMENS FOR PREGNANT FEMALES

Both floroquinalones and doxycycline are contraindicated during pregnancy. Limited data on azithromycin in pregnant females suggest that it is safe and efficacious. Repeat testing should be done 3 weeks after completion of treatment regimens to confirm successful treatment.

Azithromycin 1 g orally in a single dose
— OR —
Amoxicillin 500 mg orally Three times a day for 7 days

ALTERNATIVE REGIMENS

For complete information on alternative treatment regimens, consult CDC's Sexually Transmitted Disease Treatment Guidelines. Note that ofloxacin and levofloxacin, both suggested alternatives, may not reliably treat gonorrhea.

RETESTING AFTER TREATMENT

There is a high prevalence of repeated chlamydia infections either from re-infection from an untreated partner or a new, infected partner, and there is an increased risk of PID with repeated infections. Healthcare providers should advise infected females to be retested three to four months after a chlamydia treatment.

REPORTING TO HEALTH DEPARTMENT

Every state requires healthcare providers and/or laboratories to report cases of chlamydia, along with other reportable STDs such as gonorrhea, to health departments. The reporting requirements differ by state, and healthcare providers are expected to be familiar with this information. HIPAA privacy rules do not interfere with mandated reporting of public health information. For more information on your state's specific mandates, contact your local department of public health. You can locate your local public health department by visiting: **www.prevent.org/ChlamydiaScreening, Resource 12**.

Sexual History Taking

Providing chlamydia screening begins with taking a sexual history which can be incorporated into the patient's overall history or risk appraisal. It can be administered in-person by a healthcare provider or filled out by the patient in advance and reviewed with the provider. Examples of sexual history forms can be found at **www.prevent.org/ChlamydiaScreening, Resource 13**.

General tips for taking a sexual history include:

- Establish rapport first.
- Restate the confidential nature of discussion.
- Think in terms of the five Ps:
  - **Partners,**
  - **Prevention of pregnancy,**
  - **Protection from STDs,**
  - **Practices, and**
  - **Past history of STDs.**
- Use open-ended questions.
- Use understandable language, not clinical terms.
- Do not make assumptions about sexual activities, gender identity, or preferences.
- Frame questions in a neutral way and beware of conveying judgment, e.g., unintentionally shaking your head "no" or saying "You don't have unprotected sex, do you?"

Suggested questions to ask when taking a sexual history:

"*Are you currently sexually active? Have you ever been?*"

"*Tell me about your sexual partner or partners?*"

"*How many partners have you had in the past month? Six months? Lifetime?*"

"*What type of contraception do you use, if any?*"

OFFICE PRACTICES THAT SUPPORT SEXUAL HISTORY TAKING AMONG TEENS:

For teens, taking a sexual history can be integrated into a well visit, a physical for schools, sports, or camp, or into an acute care visit. Sexual histories should always be administered in private, without a parent present. For suggestions on the best ways to ensure time to privately speak to the adolescent patient, visit **www.prevent.org/ChlamydiaScreening, Resource 14**.

Many adolescent health experts recommend using the HEADSSS Assessment, a psychosocial screening exam that includes a sexual history, when talking to teens. This assessment begins with non-threatening topics, such as home and education, and progresses to more sensitive ones. HEADSSS reminds providers to ask about home, education, activities, drugs, sexual activity and identity, suicide/depression, and safety.

Develop a policy for the age to begin taking a sexual history. The AMA recommends beginning at 11 years of age and continuing throughout the patient's life.

- Develop a plan for how sexual histories will be taken (e.g., by form given at check-in or by a provider), who will discuss the history with the patient, and where it will be discussed keeping in mind the need for privacy. The form can be discarded once the information is incorporated into the visit record.
- Determine how sexual history will be integrated into overall adolescent care.
- Develop a plan to respond to information that may surface.
- Train staff to take a sexual history.
- Frequently remind all staff members to inform the provider of any sexual health concerns that a patient might mention. The information could arise at any time—when an appointment is made, when a patient arrives or in conversation.
- Many parents help advocate healthy choices for their adolescent children. Providers may want to encourage teens to talk to their parents or another trusted adult about sexual activity.

SEXUAL HISTORY EXAMPLES

Physician Administered
www.prevent.org/ChlamydiaScreening, Resource 15 and 16

Patient Administered
www.prevent.org/ChlamydiaScreening, Resource 17

Annotated HEADSSS Assessment (for adolescents)
www.prevent.org/ChlamydiaScreening, Resource 18

ADDITIONAL ADVICE ON PROVIDING CARE TO ADOLESCENTS

Adolescent Health Working Group, *Adolescent Healthcare 101: Provider Toolkit*, 2003. www.prevent.org/ChlamydiaScreening, Resource 19.

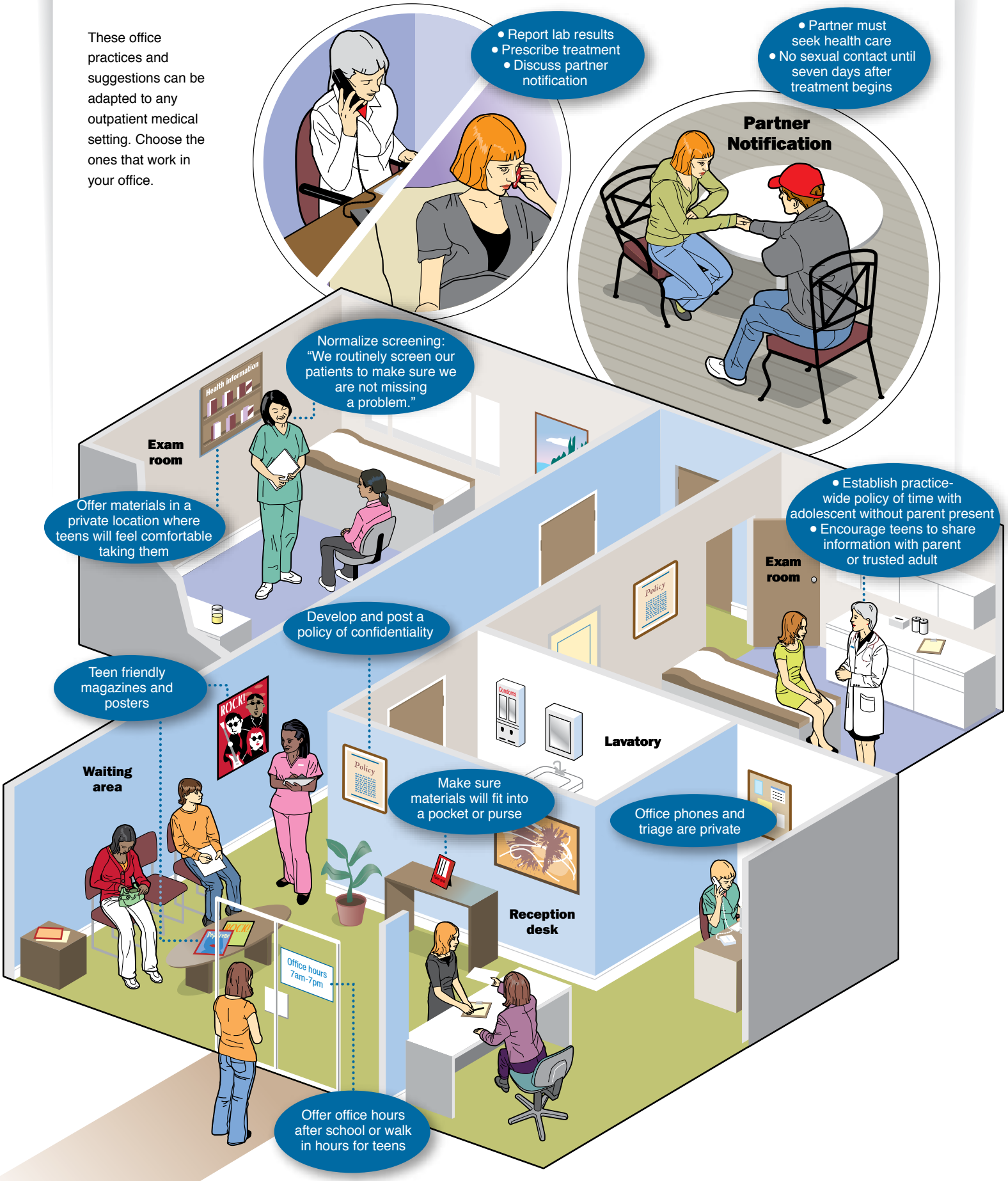
The provider toolkit contains details, tips and examples for conducting assessments, and reproducible resources for parents and teens. It was developed for California providers, but many items are applicable to other states.

American College of Obstetricians and Gynecologists (ACOG), *Toolkit for Teen Care*, 2008. www.prevent.org/ChlamydiaScreening, Resource 20.

The toolkit contains resources for medical offices to provide care to adolescent patients including a tent card for the waiting room, tools for adolescent assessment including laminated cards with stages of pubertal development, blood pressure readings, body mass calculations, an adolescent visit questionnaire and visit record, information on CPT coding for adolescent visits, tips for creating an adolescent-friendly office, and more. Copies of the toolkit and other materials can be ordered from ACOG.

5 Teen Friendly Office Tips

These office practices and suggestions can be adapted to any outpatient medical setting. Choose the ones that work in your office.



Consent and Confidentiality of Services for Adolescents

CONSENT TO SERVICES

All 50 states and the District of Columbia allow teens under 18 years of age to consent to their own health services for STDs. However, in some states a teen has to be at least a specified age, generally between 12 to 14 years, to begin to consent for STD services.[13] No state requires that healthcare providers get parental consent for services but some allow physicians to do so. A listing of state policies is available at **www.prevent.org/ChlamydiaScreening, Resource 21**.

CONFIDENTIALITY OF SERVICES

Medical information of a minor who has consented to STD services is protected by a variety of federal and state laws. Some states allow physicians some discretion to notify parents. In all states, minors may give their own consent and receive confidential services through programs funded by the federal Title X Family Planning Program or Medicaid. If you cannot guarantee your teen patient confidentiality, you can recommend that she visit the local family planning clinic. A common barrier to maintaining confidentiality of STD services arises from billing practices. Commercial health plans usually provide an explanation of benefits (EOB) to the primary policy holder each time services are rendered. The EOB includes the patient's name, type of services, and the provider. Another barrier is routine office billing practices that may automatically add a copayment to a family's bill. Either billing practice can alert parents to what would otherwise be confidential services.

There are several options for helping teens receive confidential services:

- A medical practice can offer teens the option of paying for services out-of-pocket, perhaps at a reduced rate, and not billing the family's insurance company. Make sure this is allowable within the terms of your agreement with insurers.
- The provider can notify the insurance company that the services provided are confidential and not to be disclosed. A sample letter to insurance companies is available at **www.prevent.org/ChlamydiaScreening, Resource 22**.
- In some states, the provider can inform the patient that she can request the EOB and laboratory bills be sent to a different address.
- A practice may refer adolescents for confidential services at federally funded Title X Family Planning Programs, which offer STD screening and treatment and other health services. Listings of local clinics that provide free or low-cost, confidential STD screening and treatment services can be located at **www.prevent.org/ChlamydiaScreening, Resource 23**.

Locate local clinics that provide free or low-cost, confidential STD services at www.plannedparenthood.org or www.findstdtest.org.

OFFICE PRACTICES THAT SUPPORT SCREENING:

- Make a commitment to screen all eligible females for chlamydia. Put aside any notion that it's not prevalent among "my patients".
- During visits, inform patients in a matter of fact manner that providers recommend routine screening, in the same way immunizations, Pap tests, or other routine procedures are recommended.
- Work with colleagues, office staff and/or a practice manager to determine how to implement screening and manage patient care.
- Use provider reminders and prompts.
- Take advantage of routine visits to implement screening, such as physicals for adults and all visits for adolescents.
- If pelvic exams are done, add the chlamydia swab to materials for Pap testing.
- If pelvic exams are not done, determine how urine-based testing can be implemented.

Putting Screening into Practice

If 90 percent of eligible young females were screened, 30,000 cases of pelvic inflammatory disease would be prevented each year.[14]

Most medical offices have well-established practices for patient flow, coding and billing, quality improvement, and other essentials. Studies show that simple additions to usual care practices can increase chlamydia screening rates.

Normalize Chlamydia Screening
Interviews with young females found that they would accept age-based screening for chlamydia in general practice, during both sexual health and non-sexual health office visits.[15] Interviewees felt that screening should be offered to all young females, not based on assessment of sexual history. In their minds chlamydia screening could be considered a routine test, in the same way a Pap test is. Consider offering urine-based screening to all females age 25 years of age younger.

Make STDs a priority issue
Ensure that everyone in the office who interacts with the patient, not just the healthcare provider, provides seamless care related to STDs. It is equally important that the receptionist, the medical assistant, and other staff who come into contact with the patient get accurate information and record it for the provider. Those responsible for making appointments should understand that symptoms of STDs qualify for a priority appointment due to the time-sensitive nature for diagnosis and treatment.

Place chlamydia swab next to Pap test or pregnancy detection materials
A large commercial health plan instituted the policy of screening all eligible females for chlamydia at the time of Pap tests by placing chlamydia swabs next to Pap test materials. A review of records of over 37,000 patients was conducted in the two years before and two years after this new policy was implemented. Overall, chlamydia screening rates increased significantly from 63 percent to 81 percent.[16]

A related study of MarketScan claims data from over 3 million young females indicated that 73 percent of sexually active females had a pelvic exam or Pap test in the prior 12 months indicating the potential advantages of combining chlamydia screening into routine appointments as a way to increase screening.[17]

Use urine-based screening
The availability and effectiveness of urine-based tests has made screening for chlamydia less invasive and more feasible in settings where it is not possible to conduct a pelvic examination. These include pediatric offices, college medical clinics[18], hospital emergency departments[19], and school-based clinics.[20] In addition, urine-based screening may be more acceptable to patients because there will be less feeling of embarrassment and discomfort. Providers should be sure patients understand they do not need to have a pelvic exam to be screened for chlamydia.

Offices should have a systematic process for collecting urine, such as at the beginning of the visit, when height, weight, and blood pressure are taken.

Use all medical visits, not just well care visits, to update needed screening
The Institute of Medicine recently reported that healthcare providers are missing opportunities to promote health and prevent disease when delivering healthcare services to adolescents. Adolescents, especially those over 13 years of age, and young adults have fewer preventive care visits than other age groups. Experts recommend that all medical visits be used as a time to update preventive care, such as annual chlamydia screening.[21]

Implement practice systems for chlamydia screening
The evidence that practice systems play an essential role in improving the delivery of preventive care is strong.[22,23,24]

- Support staff usually play an important role in identifying the need for screening and alerting the provider. Train staff to carry out these roles.
- Reminders for providers can be placed on charts or flow sheets; can be computer-generated, sticky notes or patient registries; can be triggered by patient responses to a sexual history; or other systems that are already in place.
- A staff member routinely obtaining a urine sample from all adolescent and young female patients who have not been screened in the last year could be done on standing orders.
- Many medical offices work with practice managers to help develop the procedures that work for their staff and patients. Practice management advice and materials are available from several major medical professional associations.

Determine the prevalence of chlamydia in your practice
Some providers think few patients in their practice have chlamydia; others think females of all ages should be screened. Ask the lab used by your practice to report the prevalence of chlamydia by patient age. Use this information to refine your practice systems.

Offer continuing education to providers to diagnose, treat, and manage patients with chlamydia
Continuing education courses are offered by *The National Network of STD/HIV Prevention Training Centers (PTCs)*, a CDC-funded group of regional centers created in partnership with health departments and universities. The National Network provides health professionals with a spectrum of state-of-the-art educational opportunities, including experiential learning with an emphasis on STD and HIV prevention. The *STD/HIV Prevention Training Centers Brochure* gives a concise description of the types of training the PTCs offer, as well as detailed contact information **www.prevent.org/ChlamydiaScreening, Resource 24**.

Use patient education materials and information to prompt patients to ask about screening
Display patient information and education materials about preventing, screening for, and treating STDs. Encourage patients to ask their provider about screening.

There are missed opportunities to promote health and prevent disease when delivering health care services to adolescents.[25]

ROLE OF A CHAMPION

A consistent factor in the success of improving delivery rates of clinical preventive services within a medical practice is the leadership of a champion. This can be a physician or other respected staff member, or even two people with one providing strategic direction and another handling implementation and operations. The exact roles and functions may vary greatly based on the culture and procedures within the organization.

Some of the typical roles a champion plays are to:

- Remind colleagues that routine screening of eligible patients for chlamydia is evidence-based and a cost-effective preventive service.
- Identify ways to fully integrate chlamydia screening into patient flow.
- Assure colleagues are trained to use proper sample collection and handling procedures based on test and laboratory requirements.
- Assure office systems support confidentiality for all patients, with special attention to the needs of adolescents.
- If some patients are referred to community agencies for chlamydia screening, establish and maintain referral and follow-up systems.
- Review and routinely report screening rates to colleagues.
- Establish systems to remind patients when they are due for preventive services, or add chlamydia screening to an existing patient reminder system.
- Obtain patient education materials for the practice.
- Ensure all cases are reported to the health department.
- Identify and promote opportunities for continuing education for colleagues.
- Become active in advocacy through your national or state medical associations.

Additional Sources of Information

For a listing of all resources and on-line links go to www.prevent.org/ChlamydiaScreening/

NATIONAL TELEPHONE HOTLINES AND TREATMENT LOCATORS

STDs and local clinics
1-800-CDC-INFO (800-232-4636)

American Social Health Association's STI Resource Center
1-800-227-8922 or 919-361-8488
Talk to an information specialist 9 a.m. to 6 p.m. on Monday-Friday

919-361-4848
Pre-recorded telephone information messages 24/7

Planned Parenthood Federation of America
1-800-230-7526 or
www.plannedparenthood.org

Emergency Contraception Hotline (NOT-2-LATE)
1-888-668-2528

Girls and Boys Town National Hotline
1-800-448-3000
TTY 1-800-488-1833

Drug and Alcohol Treatment Locator
www.findtreatment.samhsa.gov

National Domestic Violence and Abuse Hotline
1-800-799-SAFE

National Gay and Lesbian Youth Hotline
1-800-347-TEEN

National Helpline Network
1-800-SUICIDE

SOURCES OF STD INFORMATION TO DISTRIBUTE TO PATIENTS

Centers for Disease Control and Prevention (CDC)
www.cdc.gov/STD/chlamydia
www2a.cdc.gov/nchstp_od/piweb/stdorderform.asp

American Social Health Association
www.ashastdwebstore.org

Advocates for Youth
www.advocatesforyouth.org

Sexuality Information and Education Council of the U.S.
www.siecus.org

GENERAL STD INFORMATION AND REFERRAL TO LOCAL CLINICS FOR SERVICES

CDC-INFO Contact Center
1-800-CDC-INFO (800-232-4636)
TTY: 1-888-232-6348, In English en Español

CDC-INFO is available 24 hours a day, 7 days a week, 365 days a year for STD information and referrals to STD clinics.

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Online Resources

Resource 1: U.S. Preventive Services Task Force, Screening for Chlamydial Infection, www.ahrq.gov/clinic/uspstf/uspschlm.htm

Resource 2: Centers for Disease Control and Prevention, Sexually Transmitted Disease Treatment Guidelines 2006, www.cdc.gov/std/treatment/default.htm

Resource 3: Adolescent Health Working Group, Adolescent Healthcare 101: The Basics (see page B-6), www.ahwg.net/resources/CA101_.pdf

Resource 4: Internet Notification Service for Partners, www.inspot.org

Resource 5: Massachusetts Department of Public Health, Prevention and Management of Chlamydial Infections in Adolescents: A Toolkit for Clinicians (see page 9-8 or 91/204), www.mass.gov/Eeohhs2/docs/dph/cdc/std/chlamydia_toolkit.pdf

Resource 6: California Chlamydia Action Coalition, Chlamydia Care Quality Improvement Toolbox, www.igh.org/castd/downloadable/clinicalpractice_guidelines.pdf

Resource 7: National Coalition of STD Directors, Guidelines for Internet-based Partner Notification, www.ncsddc.org/upload/wysiwyg/documents/IG-FINAL.pdf

Resource 8: Centers for Disease Control and Prevention, State-by-State Legal Status of Expedited Partner Therapy, www.cdc.gov/std/ept/legal/default.htm

Resource 9: National Business Group on Health, A Purchasers' Guide to Clinical Preventive Services (See page 95), www.businessgrouphealth.org/benefitstopics/topics/purchasers/fullguide.pdf

Resource 10: The Society for Adolescent Medicine, Clinical Care Resources, www.adolescenthealth.org/clinicalcare.htm

Resource 11: American Medical Association, Current Procedural Terminology Codes (CPT®), www.ama-assn.org/ama/pub/category/3113.html

Resource 12: Association of State and Territorial Health Officials, Department of Public Health Contact Information, www.astho.org/index.php?template=regional_links.php&PHPSESSID=8a104e76f1b4d4d321337b835a8fc17b

Resource 13: California Chlamydia Action Coalition, A Guide to Sexual History Taking. www.prevent.org/images/stories/2009/ccacphysicanadminsexhis.pdf

Resource 14: Adolescent Health Working Group, Understanding Confidentiality and Minor Consent in California (See page A-7), http://ahwg.net/resources/C&C1stRevised+NYCL0204.pdf

Resource 15: Physician Administered, American Academy of Family Physicians (see Table 1), www.prevent.org/images/stories/2009/ccacphysicanadminsexhis.pdf

Resource 16: Centers for Disease Control and Prevention, A Guide to Taking a Sexual History, www.cdc.gov/std/see/HealthCareProviders/SexualHistory-H.pdf

Resource 17: Patient Administered, California Chlamydia Action Coalition. www.prevent.org/images/stories/2009/ccacpatientadminsexhis.pdf

Resource 18: Annotated HEADSSS Assessment, Adolescent Health Working Group, (see page B-9) www.ahwg.net/resources/CA101_.pdf

Resource 19: Adolescent Health Working Group, Adolescent Health Care 101: Provider Toolkit, www.ahwg.net/resources/CA101_.pdf

Resource 20: American College of Obstetricians and Gynecologists, Toolkit for Teen Care. www.acog.org/goto/teens

Resource 21: Guttmacher Institute, Consent Policies www.guttmacher.org/statecenter/spibs/spib_MASS.pdf

Resource 22: American Civil Liberties Union, Sample Letter for Insurance Companies (see page 9-6), www.mass.gov/Eeohhs2/docs/dph/cdc/std/chlamydia_toolkit.pdf

Resource 23: Planned Parenthood, Listing of Clinics, www.plannedparenthood.org/health-center/findCenter.asp

Resource 24: STD/HIV Prevention Training Centers, Continuing Education On-line, www.cdc.gov/STD/training/onlinetraining.htm

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Links to the reference documents cited in the guide can be found on the Web at www.prevent.org/ChlamydiaScreening